

Training of teachers in the Health field from the perspective of interprofessional education

Formação de professores na área da Saúde sob a ótica da educação interprofissional
Formación de profesores en el área de la Salud bajo la óptica de la educación interprofesional

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ABSTRACT

Objectives: to reflect on the training of teachers in the field of health from the perspective of interprofessional education. **Methods:** an essay based on the dialogue between the scientific literature, the health education inducing policies, and studies in the fields of research and teaching activities in pedagogical projects based on interprofessional education. **Results:** teaching in health is revealed as a social practice that is built on multiple collaborative movements and training moments. In this sense, the presence of echoes and resonances of the inducing policies necessary for the reorientation of health education in the proposals for teacher development is recognized. **Final Considerations:** articulating teacher development and interprofessional education demands a dynamic process of expanding and incorporating interprofessional and collaborative practices as a field of study/research and intervention, with a view to strengthening the continuing education of teachers.

Descriptors: Teachers; Interprofessional Education; Health; Universities; Education Continuing.

RESUMO

Objetivos: refletir sobre a formação de professores em saúde sob a ótica da educação interprofissional. **Métodos:** ensaio fundamentado no diálogo entre a literatura científica, as políticas indutoras para a formação em saúde e estudos nos campos da pesquisa e da atuação docente em projetos pedagógicos fundamentados na educação interprofissional. **Resultados:** a docência em saúde desvela-se como prática social que se constrói em múltiplos movimentos de colaboração e momentos formativos. Nesse sentido, reconhece-se a presença de ecos e ressonâncias das políticas indutoras necessárias à *reorientação da formação em saúde* nas propostas de desenvolvimento docente. **Considerações Finais:** articular o desenvolvimento docente e a educação interprofissional demanda um processo dinâmico de ampliação e incorporação de práticas interprofissionais e colaborativas como campo de estudo/pesquisa e de intervenção, na perspectiva de fortalecer a educação continuada dos professores.

Descritores: Docentes; Educação Interprofissional; Saúde; Universidades; Educação Continuada.

RESUMEN

Objetivos: reflejar sobre la formación de profesores en salud bajo la óptica de la educación interprofesional. **Métodos:** ensayo fundamentado en el diálogo entre la literatura científica, las políticas inductoras para la formación en salud y estudios en los campos de la investigación y de la actuación docente en proyectos pedagógicos fundamentados en la educación interprofesional. **Resultados:** la docencia en salud se desvela como práctica social que se construye en múltiples movimientos de colaboración y momentos formativos. En ese sentido, se reconoce la presencia de ecos y resonancias de las políticas inductoras necesarias a la reorientación de la formación en salud en las propuestas de desarrollo docente. **Consideraciones Finales:** articular el desarrollo docente y la educación interprofesional demanda un proceso dinámico de ampliación e incorporación de prácticas interprofesionales y colaborativas como campo de estudio/investigación y de intervención, en la perspectiva de fortalecer la educación continua de los profesores.

Descriptor: Docentes; Educación Interprofesional; Salud; Universidades; Educación Continua.

INTRODUCTION

The current challenges for health education are comprehensive and complex, especially regarding significant changes in training and professional practices⁽¹⁾. One of them is to transpose uniprofessional, content-driven, and vertical training, and train health professionals capable of developing interprofessional and collaborative work.

Therefore, it is urgent to think of and promote health education in a critical and reflective perspective, incorporating care as a common field of health care practices, which requires broadening the understanding of teaching beyond scientific and technical training. In this sense, the dimensions related to pedagogical, ethical-political, and relational training are also found in the daily teaching routine, having significant anchorages in the knowledge built throughout the teacher's practical experience⁽²⁾.

In an attempt to face health education challenges and train health professionals able to produce health work that effectively responds to the real needs of the population, several countries have invested in interprofessional education⁽³⁾. For this, it is necessary for teachers to be engaged in study, investigation, and extension projects on and in interprofessional education, building mediations together with students, in order to encourage interprofessional and collaborative practices in health.

Regarding training interprofessional education teachers, the European experience shows the development of a plan based on project training, in which all teachers know Interprofessional Health Education (IHE) and act as facilitators of the teaching-learning process, which includes participation in planning, elaboration, implementation, and evaluation activities of IHE projects in the courses in which they are inserted⁽³⁾. Thus, as they develop the project, teachers learn and share IHE content, models, and proposals, in a movement that promotes the dissemination and exchange of knowledge about theories, practices, and reflections on this experience.

The training of teachers in the IHE aspect privileges collaborative, meaningful, and reflective learning and, in this way, promotes the development of skills for interprofessional communication, teamwork, collaborative leadership, the ability to resolve conflicts, and the sharing of actions. Thus, reflecting on the training potential of teachers in the health area from the perspective of interprofessional education is essential, capable of promoting learning that favors comprehensive care and the positioning of people at the center of health care practices. Furthermore, this reflection gradually contributes to the construction of a culture that articulates different knowledge of the different actors involved in the process of teaching and learning in health⁽⁴⁾.

The recognition of the relevance of teacher training in health for interprofessional education, as well as the National Curriculum Guidelines for health courses over the last two decades, signals approximations with the population's health care practices and has contributed to the consolidation and sustainability of the *Sistema Único de Saúde* (SUS) [Brazil's Unified Health System]. In addition, it favors the defense of public education and the expansion of guaranteeing rights for all people and training processes that dialogue with existing social, political, epidemiological, cultural, and economic conditions⁽⁵⁾.

The training of teachers in the health area aims to reflect on what is being developed in curricular proposals based on the IHE. In this sense, this article is a reflection that deals with theoretical constructs privileged in IHE, which collaborate to create a structuring axis that involves students and professionals from different health professions in the proposal of *learning together to work together*⁽⁶⁾. It inflects the teacher education constituted by knowledge of pedagogical practice (constructed in teaching-learning experiences)⁽²⁾, of trajectories and learning, as well as their motivations, projects, and practices. Given the above, here is the question that has academic importance and significant intervention power: How has the training of health teachers been developed in view of the theoretical constructs of Interprofessional Health Education?

OBJECTIVES

To reflect on the training of teachers in the field of health from the perspective of interprofessional education.

METHODS

The methodological itinerary was guided by the understanding that the training of health teachers is a structuring axis for the transformation of curricular proposals in health, as it problematizes health training from IHE in national and international inducing policies.

This article is based on numerous discussions carried out during the doctoral project of one of the authors, a conference given at the *Organización Colegial de Enfermería* in Colombia, and the debate on this topic during the II Collective Health Meeting at the Federal University of Rondônia Foundation.

To these "origins", there are interlocutions with scientific productions (published in journals indexed in the Scielo and PubMed databases until September 2021) regarding teacher education in health from the perspective of interprofessional education, in addition to indications of expertise in the area, unsystematic search of information in online databases (*the main search was Scielo*), and ideas presented by the authors of this study in other academic productions. Thus, it can be said that this essay starts from a dialogue between the scientific literature, the inducing policies for health education, and studies in the fields of research and teaching activities regarding the development of curricular proposals based on interprofessional education.

RESULTS

Policies that induce reorientation of health training and interprofessional education in Brazil

In recent years, the World Health Organization and the Pan American Health Organization (PAHO) have promoted the implementation of policies aimed at Interprofessional Education and Collaborative Health Practices in several countries⁽⁷⁾. The achievement of this objective has been possible through the implementation of strategies that involve the creation or institution of IHE programs, courses, and curricula⁽³⁾.

The movement of health and education policies aimed at changing the training of health professionals under the work-teaching-service triad has promoted, over the past few years, a process of curriculum reorientation that has qualified the provision of health care. This process emphasizes teamwork and dialogic communication and is developed in conjunction with educational institutions and health services, in addition to favoring the development of health practices centered on comprehensive care for the user, his family, and territory.

In Brazil, government investment exists for mobilizing policies that encourage the training of people to work in health, anchored in the Organic Health Law, in the National Curriculum Guidelines (NCGs) for health courses, in the flexibility of the curricula, in critical, reflective, and generalist training, as well as teamwork and comprehensive care practices. The main objective is to promote a better contextualization of the social reality of the individual and his community. In addition, Primary Care is based on the comprehensiveness of services and network care, in the sense of solving problems, directing users to other services in the health care network, and building collective care spaces that include staff, users, and the community⁽⁸⁾.

It should be noted that the NCGs of the medical course were pioneers in adopting the expression IHE, which was later incorporated into all health training. However, such Guidelines still lack greater specificity regarding the knowledge and interprofessional practices that make up this modality.

In parallel to the establishment of the NCGs, there is a national mobilization movement towards the creation of a network of policies inducing professional training in the first decade of the 21st century. This network includes the *Programa Nacional de Reorientação da Formação Profissional em Saúde (PRÓ-Saúde)* [National Program for the Reorientation of Professional Training in Health] and the *Programa de Educação pelo Trabalho em Saúde (PET-Saúde)* [Education Program for Health Work], both aimed at implementing health and/or education policies to change the training of higher education professionals.

PET-Saúde stands out for having been the program that, during nine editions, progressively expanded the number of higher education institutions involved in the process of inducing changes aimed at teamwork and, recently, at interprofessional training. A study with PET-Saúde participants evidenced advances in the training of undergraduates in health after the beginning of this project⁽⁸⁾. In addition, PET-Saúde is currently recognized as an initiative that enhances PHC as a scenario for practice, improving health services, and encouraging teacher training.

The edition of *PET-Saúde Interprofissionalidade* [PET-Saúde Interprofessionality] is distinguished from the others by the composition of learning groups, involvement of undergraduate courses, induction of interprofessional education, and development of collaborative practices in the health care network, with an emphasis on primary care. In addition, it integrates the activities provided for in the Action Plan for the strengthening of IHE in Brazil, prepared in 2017 by the Department of Health Education Management (DEGES) of the Ministry of Health's Department of Labor Management and Health Education (SGTES), in partnership with the Directorate for the Development of Health Education (DDES) of the Ministry of Education's (MEC) Ministry of Higher

Education (SESu), and universities and researchers that make up the Brazilian Network for Education and Interprofessional Work in Health (ReBETIS). Noteworthy is that this Plan also has the support of the Pan American Health Organization and the World Health Organization (PAHO/WHO)⁽⁹⁾.

The transformation of the reality of health education in an interprofessional perspective requires permanent investment in health and education policies, as well as the political and social protagonism of the citizen within spaces of discussions and political deliberations. Furthermore, collaborative and interprofessional training and work contexts in health are found to favor critical, transformative training, capable of contributing to the development of a care practice that is consistent with the universal, comprehensive, and equitable health system.

The reorientation processes of health education in Brazil, increasingly permeated by the intention to develop training proposals based on interprofessional education, have fostered a powerful movement in the field of teacher development, reinforcing the commitment to training health professionals who work in the health system guided by the principles of universality, equity, integrality, decentralization, and social participation. This commitment requires teaching that goes beyond technical and scientific expertise and, therefore, focused on conducting a training process focused on reflection, respect, partnership, shared knowledge, and meaningful learning. In this process, students need to be included and act as protagonists in their own learning.

Regarding institutional mobilization for teacher training, the Ministry of Health and PAHO have organized and financed a technical cooperation network for the qualification of teachers and health workers. This network includes devices such as online courses for Updating Faculty Development on Interprofessional Education in Health, Active Methodologies, Assessment Modalities, and Preceptorship in Health. In these courses, self-learning activities or tutorial guidance in virtual learning environments, in which teachers and preceptors can invest in their training, are also developed.

Teacher training in health

Teacher training for interprofessionalism needs to be thought of and valued beyond the technical-scientific deepening, centered on a field of knowledge that is hegemonic over other fields. In the training process, it is necessary to build an identity and learn to be a teacher, throughout their experiences, pedagogical training, and mediation of health care practices⁽⁹⁾.

Investing in teacher training is, therefore, a necessity and an opportunity for Higher Education Institutions (HEIs) proposing an interprofessional and interdisciplinary curriculum. The demand for this type of training is evident in the daily life of academic spaces and in the discourses of the professors and managers of the HEIs, although many still follow the training process in an intuitive, discontinued, occasional way, within the specificity of their training.

To mediate the teaching and learning process based on interprofessional education, teachers need to be involved in the construction of learning situations that favor teamwork and joint and collaborative learning. However, some doubts remain:

are there institutional programs for continuing education for teachers? Have higher education institutions and health services been investing in their institutional development projects or in continuing education projects to promote the training of SUS teachers and preceptors? Have *lato* or *stricto sensu* graduate programs trained people for teaching from the perspective of teamwork, interprofessional communication, and sharing between fields of knowledge? To these questions, another is added: is it possible that, despite the expansion of professional masters/doctoral programs and multidisciplinary residencies, they have been configured as training paths that produce reflections and conjectures about the training of university professors in health?

The reflection on these issues is extensive and shows that the process of teacher development will require institutional conditions and policies regarding teacher training programs and spaces. However, teachers cannot be exempted from their intersubjective movements of participation, involvement, valuation, and co-construction of training proposals and projects that problematize the hierarchy of professions, of the intersections between the nuclei of knowledge, education, and interprofessional work.

It can be noted, then, that the path of teacher education also permeates personal interest and institutional policy, which was more clearly evidenced more recently, during the COVID-19 pandemic. In this period, in which classes started to be taught remotely, institutional and personal commitment to teacher training in the issue of handling digital information and communication technologies became evident. There was also a reinvention of pedagogical practices by the teacher's own initiative, with the help of social networks, digital natives, and scientific production aided by technological devices.

The teacher, in seeking knowledge about the conceptual, pedagogical, and methodological bases of interprofessional education, faces and is confronted with the need to encourage actions that favor the development of communication skills and conflict resolution. In this sense, they need to take risks in the process of teaching and learning from a dialogical and critical perspective, in which they listen to the judgments of their peers (students, other professors, from the teaching and health institution) while reinterpreting the criticism to the production of reflection capable of transforming practices.

The reflection on teaching practice based on experiences is a social, academic, and life trajectory construction. Likewise, reflecting on teaching practice by contextualizing the processes of experiences and practices can favor a better understanding and criticism of their attitudinal posture towards interprofessional education.

In the process of teacher education, previous experience of interdisciplinary and interprofessional work is a facilitating agent for the development of relationships of interdependence, belonging, and mutual trust between health workers and teachers in the development of collaborative practices⁽¹⁰⁾.

The teacher, when performing metacognition movements from a collaborative environment, with a culture of health work focused on connectivity, information exchange, and teamwork, will be

able to outline a training path that is fruitful for an interprofessional, dialogic, generative training of reflections and inducing care practices appropriate to health needs in an individual and community way. Thus, it is necessary that investments in teacher training be robust, so that they may strengthen the paths taken for the personal and professional training of teachers. It is inferred that investments in forums that deepen the debate on the institutionalization of interprofessional education and the ethical and political commitment to train workers to work in the health system can also open paths for an even more excellent teacher training, with respect for the dignity of human life⁽¹⁰⁾.

Study limitations

The study limitation lies in concentrating the reflection from the teacher's perspective and, in this sense, additional studies should be carried out to investigate the perception of those responsible for educational institutions, students, workers, and managers of SUS regarding such training.

Contribution to nursing, health, and health education policies

The main contribution of this study to nursing, health, and health education policies is to propose a reflection based on scientific evidence on teacher education in health from the perspective of interprofessional education, an end to subsidiary debates on the development of interprofessional and collaborative practices.

FINAL CONSIDERATIONS

This essay highlighted the need to strengthen discussions on teacher education in terms of the development of collaborative and interprofessional skills, as well as providing institutional support throughout the formal and informal teacher education process. In addition, it is considered that other investments are necessary for teacher appreciation, such as financial support, formalization of collaborative practices, reduction of resistance to the continuing education of teachers, and the theme should be deepened in future research.

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